MDCH Synopsis of Comments for CON Standards Scheduled for 2007 Review
Presented to CON Commission March, 13, 2007

AIR AMBULANCE SERVICES (Please refer to 2.26.07 MDCH staff analysis for additional detail - attached)			
All Identified Issues	Issue Recommended for Review?	Recommended Course of Action	Other/Comments
1. Modify definition of "Patient Transport"	Possible	Refer to potential workgroup	Two modifications were presented
2. Clarify definition of "Primary " and "Secondary" service areas	Yes	Refer to potential workgroup	
3. Expand definition of "Air Medical Personnel"	No	None	Not within the scope of CON as personnel requirements for operation of an Air Ambulance are in statute; MCL 333.20921(3)(c)
4. Review volume requirements for expansion	Yes	Refer to potential workgroup	
5. Permit expansion to a half-time (12 hour) air ambulance	Possibly	Refer to potential workgroup	
6. Review volume requirements for replacement of equipment	Yes	Review to potential workgroup	
7. Make technical (section 5) program implementation changes and revise language to provide uniformity in all CON standards	Yes	Review draft language developed by MDCH staff and take action at completion of workgroup	
8. Collect Data	Yes	MDCH will send out a survey	This will be reported back to the Commission
Recommendation: The Department suggests that the Commission assign responsibility to Department staff to draft necessary technical language changes (#7) for appropriate Commission review and public comment. The Department additionally suggests that the Commission ask the Department to pull together a workgroup for the purpose of making recommendations for items 1, 2, 4, & 6 and to bring these back to the Commission at its June 2007 meeting.			

Michigan Department of Community Health
MEMORANDUM
Lansing, MI

DATE: February 26, 2007

TO: Irma Lopez

FROM: Andrea Moore

RE: 2007 Review of Air Ambulance Standards

Pursuant to MCL 333.22215 (1)(m) the Certificate of Need (CON) Commission is to "..review, and if necessary, revise each set of Certificate of Need standards at least every 3 years." In accordance with the established review schedule on the Commission Workplan, the Air Ambulance Standards are scheduled for review in calendar year 2007.

Public Hearing Testimony

The Department held a Public Hearing to receive testimony regarding the Air Ambulance Standards on January 9, 2007, with written testimony being received for an additional 7 days after the hearing. Testimony was received from five (5) facilities and is summarized as follows:

1. Economic Alliance of Michigan
   - Review the requirements for expansion of service.

2. Midwest Medflight
   - The current Standards are effective and should not be modified.

3. St. Mary's Healthcare
   - Review volume requirement for expansion of service.
   - Review the definition of patient transport. Recommends that single helicopter services be allowed to count missed runs when already on a patient transport and during downtime for maintenance.
   - Review the definitions primary service area and secondary service area.

4. Spectrum Health
   - Review the definition of air medical personnel. Recommends allowing a Michigan licensed paramedic or a physician trained in emergency medicine.
   - Review volume requirements for expansion of service.
   - Review volume requirements for replacement of equipment.
   - Establish expansion of service to a 12-hour Air Ambulance.
   - Review requirements for approval and project delivery requirements for duplications.

5. University of Michigan
   - Review volume requirements for expansion of service.
   - Review volume requirements for replacement of equipment.
   - Technical verbiage change/clarification in Section 5.

Definition of Air Medical Personnel

The Department received a request to expand the definition of air medical personnel to allow a physician trained in emergency medicine as an approved air medical personnel. Currently, the standards require that the air ambulance be staffed by two (2) personnel, one of which must be a paramedic licensed in the State of Michigan. The request would allow an air ambulance service to either have a physician trained in emergency medicine or a paramedic licensed in the State of Michigan. The personnel requirements for operation of an advanced life support vehicle, which includes an Air Ambulance, are statutorily held in MCL 333.20921(3)(c) as detailed below:

> 333.20921 (3) Except as provided in subsection (4), an ambulance operation shall not operate, attend, or permit an ambulance to be operated while transporting a patient unless the ambulance is, at a minimum, staffed as follows:
>
> (a) If designated as providing basic life support, with at least 1 emergency medical technician and 1 medical first responder.
>
> (b) If designated as providing limited advanced life support, with at least 1 emergency medical technician specialist and 1 emergency medical technician.
>
> (c) **If designated as providing advanced life support, with at least 1 paramedic** and 1 emergency medical technician.

It is recommended that the standards continue to comply with the statutory definition.

Definition of Patient Transport

The Department received a request to modify the definition of patient transport when it specifically involves an air ambulance service which only operates a single air ambulance. The request is to allow a single air ambulance service to count all potential patient transports that would be missed because the air ambulance was either already transporting a patient or out of service due to maintenance. These potential patient transports would be added to the actual patient transport volume of the single air ambulance service. It is recommended that this concept not be reviewed.

A separate issue regarding patient transport involves the definition in Section 2 (1)(ee). Currently, the definition is that a patient transport is defined as the transport of a patient either via a pre-hospital transport or an inter-facility transport, and specifically states that the use of an air ambulance that does not involve the transport of a patient shall not be counted. Interestingly, in Section 2(1)(d) of the standards, additional air ambulance service activities are defined as being any of the following: advanced life support

intercepts, search/rescue, emergency transport of drugs, organs, medical supplies or equipment and personnel. While these services are acknowledged in the air ambulance standards, they are not counted in the definition of patient transport in Section 2(1)(ee). A review of these definitions is recommended for potential language modification and the inclusion of additional activities in the definition of a patient transport.

Definition of Primary and Secondary Service Areas

The Department received a request to review and clarify the definitions of primary and secondary service areas. The definitions in Section 2 (1)(gg) and (mm) are broad in nature. A review of these definitions for additional clarification is recommended.

Expansion of Service

The Department received four (4) requests to review the volume requirements for expansion of service. Currently, an air ambulance service is required to project 275 patient transports for initiation of service and maintain 275 patient transports per year for maintenance of service. Nonetheless, to expand the service to a second air ambulance, the service is required to have had 600 patient transports and a projection of an additional 200 patient transports to be approved for the second air ambulance, thus a total of 800 patient transports. There seems to be an inconsistency in the progression of the patient transport numbers from initiation of service, expansion of service and replacement of equipment. A review of this language is recommended.

Additionally, the Department received a request that an air ambulance service be allowed to expand to a half-time/12-hour air ambulance. Similar concepts to this have been proposed in other CON standards and the Department was unable to support the recommendation due to the regulatory difficulties and compliance issues it would cause. It is recommended to not review this concept.

Replacement of Equipment

The Department received two (2) requests to review the volume requirements for replacement of equipment. Currently, an air ambulance service with two (2) air ambulance must have had 1,200 patient transports and a projection of an additional 200 patients, thus a total of 1,400 patient transports to replace equipment. There seems to be an inconsistency in the progression of the patient transport numbers from initiation of service, expansion of service and replacement of equipment. It is recommended that this concept be reviewed.

Technical Changes and Updates

The Department received a request for a technical correction/clarification in Section 5. I agree with the necessity of this clarification and the Department has identified several additional technical changes that need to be made to the Standards. In addition, the Department is systematically modifying all standards to achieve uniformity, as well as in preparation for the launch of the on-line application system.

Collection of Air Ambulance Services Data

Until this year, the Department has not collected transport data from the air ambulance services. The Department is finalizing an air ambulance service survey and would expect to have relevant data in the near future.

Recommendations

It is recommended no action be taken on the definition of air medical personnel and expansion of service to a 12-hour air ambulance. In addition, it is recommended that a Workgroup be formed to review the following areas:

- Definition of Patient Transport in Section 2 (1)(ee) for possible modification and inclusion of activities identified in Section 2 (1)(d).
- Definitions Primary and Secondary Service Areas in Section 2 (1)(gg) and (mm) for additional definition and clarification.
- Requirements of Expansion of Service in Section 4, with regards to the volume requirements.
- Requirements of Replacement of Service in Section 5, with regards to the volume requirements.

It is recommended to modify the standards upon receipt of the Workgroup recommendations and include the departmental technical changes and updates.